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Bib Data Sheet

CONFIRMATION NO. 2570

<b>SERIAL NUMBER</b> 10/827,297	<b>FILING OR 371(c) DATE</b> 04/20/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1617	<b>ATTORNEY DOCKET NO.</b> 31894-199298
<b>APPLICANTS</b> Michael B. Zemel, Knoxville, TN; Hang Shi, Knoxville, TN; Paula C. Zemel, Knoxville, TN;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 10/066,057 01/31/2002 which is a DIV of 09/654,357 09/01/2000 PAT 6,384,087				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/28/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> TN	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 28
Examiner's Signature _____ Initials _____			<b>INDEPENDENT CLAIMS</b> 4	
<b>ADDRESS</b> 26694				
<b>TITLE</b> Dietary plans based on calcium				
<b>FILING FEE RECEIVED</b> 1000	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	